

***United States Court of Appeals
for the Second Circuit***



APPENDIX

75-4246

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

GRACIELA ACEVEDO,

Petitioner,

- v -

IMMIGRATION AND NATURALIZATION
SERVICE,

Respondent

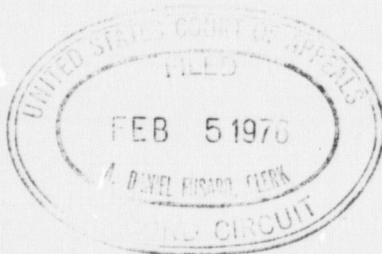
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Docket No. 75-4246

VB
P/S

APPENDIX TO PETITIONER'S BRIEF

CLAUDE HENRY KLEEFIELD, ESQ.
Attorney for Petitioner
100 West 72 Street
Suite 400
New York, New York 10023



FEBRUARY, 1976

PAGINATION AS IN ORIGINAL COPY

LIST OF PARTS OF RECORD HEREIN CONTAINED

Administrative Record
Document Number

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United States Department of Justice

Board of Immigration Appeals

Washington, D.C. 20530

File: A20 532 358 -- New York

OCT 7 - 1976

In re: GRACIELA GONZALEZ

IN DEPORTATION PROCEEDINGS

APPEAL

ON BEHALF OF RESPONDENT: Claude Henry Kleefield, Esq.
100 W. 72nd Street
New York, N. Y. 10023

CHARGE:

ORDER: Section 241(a)(2), I&N Act (8 U.S.C. 1251
(a)(2)) - After admission as
nonimmigrant, remained longer
than permitted

APPLICATION: Reopening to apply for suspension of
deportation under section 244 of the
Immigration and Nationality Act

This is an appeal from an order of an immigration denying respondent's motion to reopen deportation proceedings in order to permit her to apply for suspension of deportation under section 244 of the Immigration and Nationality Act. Oral argument will be denied pursuant to 8 C.F.R. 3.1(e), and the appeal will be dismissed.

Although the respondent now appears to have the requisite seven years continuous physical presence in the United States under section 244, her motion fails to make a prima facie showing that she meets the other criteria for section 244 relief, including extreme hardship. The motion is thus inadequate, and the immigration judge's denial will be affirmed. See

A20 592 358

Matter of Sipus, Interim Decision 2172 (EIA 1972). The following order will be entered.

ORDER: The appeal is dismissed.

Chairman

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

20 West Broadway
New York, New York 10007
September 10, 1975

PLEASE REFER TO THIS FILE NO.

A20 592 358 DB/IF

Graciela LOPEZ DE ACEVEDO
111 Wadsworth Avenue Apt. 15G
New York, New York

Dear Madam:

This is a warning. Please read carefully.

It has been ordered that you be deported to EL SALVADOR.
You will be informed when departure arrangements are complete. If needful, we will assist you as much as possible in arranging your personal affairs for departure.

Should you wish to return to the United States you must write this office or the American Consular Office nearest your residence abroad as to how to obtain permission to return after deportation. By law (Title 8 of United States Code, Section 1326) any deported person who returns without permission is guilty of a felony. If convicted he may be punished by imprisonment of not more than two years and/or a fine of not more than \$1,000.00.

Please keep this letter and refer to the above file number when writing to this office.

cc: Claude Henry Klinefield, Esq.
100 West 72 Street
New York, New York 10023

Very truly yours,

Harold J. Grace
HAROLD J. GRACE
ASSISTANT DISTRICT DIRECTOR FOR DEPORTATION

Advertencia importante. Lea cuidadosamente este aviso.

Se ha ordenado deportarlo a _____.
Se le informará una vez finalizados los arreglos para su salida. Si fuera necesario, le prestaremos la mayor ayuda posible para arreglar sus asuntos personales antes de su salida.

Si usted deseara regresar a los Estados Unidos, debe escribir a esta oficina o al Consulado de los Estados Unidos más cercano a su residencia en el exterior con el fin de informarse sobre la forma de conseguir permiso para regresar después de haber sido deportado. Por ley (Título 8 del Código de los Estados Unidos, Sección 1326), toda persona deportada que regrese a los Estados Unidos sin permiso incurre en un delito mayor. De ser declarado culpable, puede recibir una pena de prisión no mayor de dos años y/o una multa que no exceda de 1.000 dólares.

Sírvase conservar esta carta y haga referencia al número de registro arriba indicado al escribir a esta oficina.

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

----- +
In the Matter of : File: A20 592 358 - New York
: AUG 19 1975
Deportation Proceedings : In Behalf of Respondent: Claude Henry Kleefield, Esq.
: 100 West 72nd Street
against : New York, New York 10023
: CRACIELA ACEVEDO : In Behalf of Service: Anthony M. De Gaete, Esq.
: Trial Attorney
- Respondent - : New York, New York
----- +

ORDER DENYING MOTION TO REOPEN

The respondent is a native and citizen of El Salvador who entered the United States on or about September 2, 1968 as a nonimmigrant visitor, and was authorized to remain in the United States until September 14, 1969. At a hearing held on April 25, 1975 an order was entered finding her deportable and granting her voluntary departure to be effected by July 24, 1975 with an alternate provision for deportation to El Salvador upon her failure to depart when required. No appeal was taken from that order which accordingly had lapsed.

The respondent now moves to reopen the proceedings to apply for Suspension of Deportation. The motion is opposed by the Trial Attorney on the ground that the respondent does not meet the continuous physical presence requirement of not less than 7 years and therefore is statutorily ineligible for such relief.

Under CFR 242.22 a motion to reopen proceedings must state the new facts

to be proved at the reopened hearing and be supported by affidavits or other evidentiary material. Not only does the instant motion fail to show compliance with the 7 year physical presence requirement for Suspension of Deportation but it also fails to show that the respondent would suffer extreme hardship and qualify in all other respects for such relief. Consequently, the motion to reopen the proceedings will be denied. See Matter of SIPUS, Int. Dec. 2172 (BIA, 1972).

ORDER: IT IS ORDERED THAT the motion to reopen proceedings be denied.

HENRY I. MILLMAN
Immigration Judge

CLAUDE HENRY KLEEFIELD
ATTORNEY AND COUNSELOR AT LAW
SUITE 400
100 WEST 72ND STREET
NEW YORK, N. Y. 10023
U. S. A.

212 - 787-2368
212 - 787-2326

July 23, 1975.

Immigration & Naturalization
Service.
20 West Broadway
New York, N.Y.

MOTION

Graciela Acevedo
nee Lopez.
File # A20 592 358.

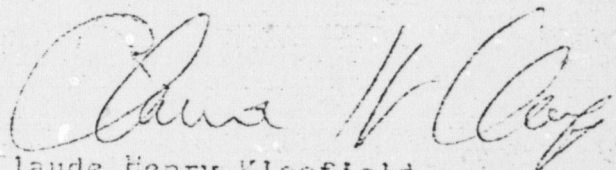
Gentlemen:

This is a motion to reopen the deportation hearing of the
above mentioned alien.

The purpose of the reopening of this case, is to submit
attached application for suspension of deportation.

Therefore, I respectfully request that you reopen the
deportation hearing.

Very truly yours,


Claude Henry Kleefield.

CHK/sr.

APPLICATION FOR SUSPENSION OF DEPORTATION

(Under Section 244 of the Immigration and Nationality Act)

(PLEASE READ ADVICE AND INSTRUCTIONS BEFORE FILLING IN FORM)

File No. A

FEE STAMP

(1) I, the undersigned, hereby request that my deportation be suspended under the provisions of section 244 of the Immigration and Nationality Act. I believe that I am eligible for suspension of deportation because such deportation would result in extreme hardship to myself and/or to my self.

who is/are ☐ citizen(s) ☐ lawful permanent resident(s) of the United States; and I have been physically present in the United States without any absence since September 3rd, 1968

(2a) My present true name is: (First, Middle, Last) Graciela Lopez de Acevedo.		(2b) My name given at birth was: Graciela Lopez-Lopez.			
(3) I have been known by the additional names: as married: ACEVEDO		My sex is f	(Height) 1.60 m.	(Color of eyes) brown	(Color of hair) black
(4) I was born at (Place and country) Charatenango, Salvador.		on (Month) (Day) (Year) 4-10-43	My nationality is (Country of which citizen or subject) Salvadorean.		
(5) I now reside at (Apt. number and/or in care of) 111 Wadworth Ave. apt. 15G		(Number and street) New York, New York	(City or town) 10033.	(State) U.S.A.	(ZIP Code)

(6) I first entered the United States under the name of (First) Graciela (Middle) Lopez (Last) Lopez		on (Month) (Day) (Year) 9- 3- 68	At (seaport, airport, or land border port) land bord(California)
Name of vessel or other means of conveyance by car.		I was admitted as a (Insert visitor, crewman, transient, student, permanent resident, or other) B-2 visa granted in San Salvador, El Salvador.	
For a period of time to expire (Insert date of period for which admitted) 15 days.		My last extension of stay in the United States expired on (date) 7-21-69 appox.	
If not inspected or if entry occurred at other than a regular port, describe the circumstances as accurately as possible n/a			

Since the date of my first entry I departed from and returned to the United States at the following places and on the following dates: (if you have never departed from the United States since your original date of entry, insert "no departures.")

DEPARTED		RETURNED		INSPECTED AND ADMITTED (Answer Yes or No)
PORT	DATE (Month-Day-Year)	PORT	DATE (Month-Day-Year)	
none.				
"no departures"				

(7) During the last 10 years, I have been in the United States as listed below: (If less than 10 years, set forth the information for the period you have been in the United States.) List present address FIRST, and work back.

STREET AND NUMBER-CITY OR TOWN-STATE (Include number of hotel room, furnished room or apartment in present address.)	FROM-		TO-	
	Month	Year	Month	Year
111 Wadworth Ave. apt. 15G, N.Y.C.	5	71	to date.	
Port Washington Ave New York, N.Y.	3	69	5	71
Salinas, California.	9	68	3	69
Colonia Santa Lucia, San Salvador, El Sal.	12	62	8	68

- (8) During my residence at the places in the United States named above I was employed by the following-named persons or firms: (Begin with present employment and proceed backwards. Any periods of unemployment or school attendance should be specified.)

FULL NAME OF EMPLOYER	ADDRESS OF EMPLOYER	EARNINGS PER WEEK (Approximately)	TYPE OF WORK PERFORMED	FROM—		TO—	
				Month	Year	Month	Year
National Restaurants	1491 Broadway New York, N.Y.	\$116.00	Cashier	6	72	to date	
Concejo Central de Elecciones	San Salvador, El Salvador	Monthly \$50.00	Clerk	11	66	11	67

(Use a separate sheet for additional entries.)

- (9) If self-employed, describe nature of business, name under which business is conducted, its address and net income derived therefrom _____
n/a

(10) <input checked="" type="checkbox"/> AM MARRIED <input type="checkbox"/> AM NOT	If married, the name of my spouse is Manuel ACEVEDO	We were married on (Month) (Day) (Year) 6-13-73	at (City or town) (State or country) Passaic, New Jersey USA
She or he was born at (City or town) (State or country) Aguadilla, Puerto Rico		on (Month) (Day) (Year) unknown	and is a citizen of (Country) American
(11) (If your spouse is other than a native born United States citizen, answer the following.) She or he arrived in the United States at (City or town) on (Month) (Day) (Year) n/a			
<input type="checkbox"/> was admitted for permanent residence. <input type="checkbox"/> was not			
was naturalized on (Month) (Day) (Year) n/a		(Place naturalized)	

- (12) I ☐ have ☒ have not been previously married: (If previously married, give facts relative to name of each prior spouse, and manner, date, and place of termination of each prior marriage) _____

- (13) My present spouse ☐ has ☐ has not been previously married. (If spouse previously married, give facts relative to name of each prior spouse and manner, date, and place of termination of each prior marriage) _____

- (14) My spouse ☐ is ☐ is not employed. If employed, give salary and name and address of place of employment **Unknown**
Actually we are separated

- (15) The assets of myself (and my spouse), not including clothing and household necessities, are: Self (or jointly owned with spouse):

Cash, Stocks and Bonds	\$	Cash, Stocks and Bonds	\$
Real Estate	\$	Real Estate	\$
Other (Describe)	\$	Other (Describe)	\$
Total	\$	Total	\$

- (16) I have **0** children. Give information requested in each column:

NAME	AGE	PLACE OF BIRTH	NOW RESIDING AT—	CITIZEN OF	LAWFUL PERMANENT RESIDENT OF U.S.

The names, assets, and earnings of my children in the United States who have separate incomes are: _____

- (17) I ☐ have ☒ have not after entry into the United States acquired the status of an exchange alien.
- (18) I ☐ have ☒ have not submitted yearly address reports as required by the amendment to the Alien Registration Act effective September 23, 1950, and the Immigration and Nationality Act.
- (19) I ☐ have ☒ have not been the recipient of public or private relief or assistance. If you have, give full details including date, place, and amount received _____

(20) If you have served in the Armed Forces of the United States, state branch (Army, Navy, & service number, etc.) _____
 Date and place of entry on duty _____ Date of discharge _____
 Type of discharge (honorable, dishonorable, etc.) _____ I served in active duty status from _____ to _____

- (21) If male, did you register under the Selective Service (Draft) Law of 1917, 1918, 1940, 1948, 1951, or later Draft Laws? Yes ☐ No ☐.
If "Yes," give date, Selective Service number, local draft board number and your last draft classification, _____
Were you ever exempted from service because of conscientious objection, alienage, or any other reason? Yes ☐ No ☐
- (22) Have you ever deserted from the military or naval forces of the United States while this country was at war? Yes ☐ No ☐
- (23) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States? Yes ☐ No ☐
- (24) List membership, past or present, in all organizations, societies, clubs, unions, and associations, whether in the United States or a foreign country, and the periods and places of such membership. Include membership in any Communist Party or organization or in any section, subsidiary, branch, affiliate, or subdivision of any such party or organization:

none

- (25) I ☐ have ☒ have never (either in the United States or any other country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, or placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance.

If answer is in the affirmative in any particular, give complete information in the space immediately following _____

(Use a separate sheet for additional entries.)

- (26) I can return to my country of ☒ Birth ☐ Nationality ☐ Last Residence without fear of persecution. If unable to return to any of these countries, give reasons _____
(Check the appropriate block or blocks)

- (28) Give the requested information about your parents, brothers, and sisters. As to residence, show street address, city, and state, if in the United States; otherwise show only country.

[illegible]

IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 29 TO 32 MUST BE ANSWERED.

(29) As to such parent who is not a citizen of the United States, give date and place of arrival in the United States including full details as to manner and terms of admission to this country n/a

(30) My father ☐ is ☐ is not employed. If employed, give salary and place of employment died

(31) My mother ☐ is ☒ is not employed. If employed, give salary and place of employment _____

(32) The assets of my parents (not including clothing and household necessities) are:

Assets of father consist of the following:

Cash, Stocks and Bonds \$ _____
Real Estate \$ _____
Other (Describe) \$ _____
Total \$ _____

Assets of mother consist of the following:

Cash, Stocks and Bonds \$ _____
Real Estate \$ _____
Other (Describe) \$ _____
Total \$ _____

(33) The following certificates or other documents are attached hereto as a part of this application: (Refer to instruction 2 for documents which must be attached.)

Nature of Document

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE)

I do swear (affirm) that the contents of the above application, with corrections numbered () to (), and including the documents attached hereto, are true to the best of my knowledge, and that this application is now signed by me with my full, true name: So Help Me God.

(Complete and true signature of applicant or parent or guardian)

Subscribed and sworn to before me by the above-named applicant at _____
this _____ day of _____, 19 _____

Immigration Judge

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action. 04312

Do Not Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. ☆ U.S. GOVERNMENT PRINTING OFFICE: 1972-475-649

FORM G-325A (REV. 8-27-72)N

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Form Approved
OMB No. 43-R436

BIOGRAPHIC
INFORMATION

(Family name) ACEVEDO	(First name) Graciela	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 4-10-43	NATIONALITY Salvador	ALIEN REGISTRATION NO. (If any) none.
ALL OTHER NAMES USED (Including names by previous marriages) nee: Lopez-Lopez. As married: Acevedo, Chalatananga, Salvador.			CITY AND COUNTRY OF BIRTH Chalatanango, Salvador.		SOCIAL SECURITY NO. (If any) 079 464 105	
FATHER Ropez, Rodrigo. 9-7-1907 Chalatanango, Salvador. Died.						
MOTHER(Maiden name) Lopez, Lorenza. 2-14-1914 Chalatanango, " San Salvador.						
HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	ACEVEDO	Manuel	(now separated)	information unknown.		
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
none.						
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	TO YEAR	MONTH YEAR
111 Wadsworth Ave.	New York	New York	U.S.A.	5	71	PRESENT TIME
Port Washington Ave.	New York	New York	U.S.A.	3	69	5 71
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	TO YEAR	MONTH YEAR
Colonia Santa Lucia.	San Salvador,	El Salvador	El Salvador	62	8	68
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.						
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	FROM MONTH	TO YEAR	MONTH YEAR
National Restaurants . 1491 Broadway N.Y.			cashier.	8	72	PRESENT TIME
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:						
<input type="checkbox"/> NATURALIZATION			<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS		DATE	
<input type="checkbox"/> OTHER (SPECIFY)			SIGNATURE OF APPLICANT OR PETITIONER		DATE	
Are all copies legible? <input checked="" type="checkbox"/> Yes			<i>Graciela Lopez Acevedo</i>			
			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE.		same as above.	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
n/a			
(OTHER AGENCY USE)		INS USE (Office of Origin)	

TO THE UNITED STATES IMMIGRATION
AND NATURALIZATION SERVICE

AFFIDAVIT

BY:

THOMAS L. MCKENZIE

STATE OF NEW YORK

SS.:

COUNTY OF NEW YORK

THOMAS L. MCKENZIE, being duly sworn deposes and says:
That he is an American Citizen by birth, being born on
December 13, 1943 at Flushing Meadows, New York.

That he has known GRACIELA ACEVEDO, since 1970, as she is a
childhood friend of his wife.

That he knows her to be a woman of excellent moral character,
honest, serious and reliable.

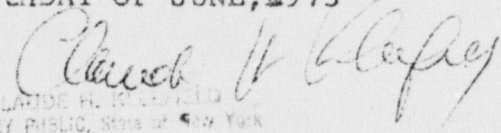
That this Affidavit is being executed in the hope that
GRACIELA ACEVEDO, may become a Legal Resident of the United
States.

Mr. McKenzie's present address is: 14 Scundview Ave.,
White Plains, New York.


THOMAS L. MCKENZIE

SWORN TO BEFORE ME THIS

24th DAY OF JUNE, 1975


CLAUDE H. R. [illegible]
NOTARY PUBLIC, State of New York
No. 31-7253750
Qualified in New York County
Commission Expires March 20, 1976

TO THE UNITED STATES IMMIGRATION
AND NATURALIZATION SERVICE.

AFFIDAVIT BY: :
: :
: :
: :
: :

NOEL PEREZ

State of New York)
) ss.:
County of New York)

NOEL PEREZ, being duly sworn deposes and says:

That he is an American Citizen by birth, being born on July 9,
1955 at Adjuntas, Puerto Rico.

That he has known GRACIELA ACEVEDO, since 1969.

That he knows her to be a woman of excellent moral character,
honest, serious and reliable.

That this affidavit is being executed in the hope that GRACIELA
ACEVEDO, may become a Legal Resident of the United States.

Mr. Noel Perez's present address is: 139 Barclay St. Paterson
New Jersey.

The above was read to me in Spanish and it is true.

Lo de arriba me fue leído en Español y es la verdad.

Noel Perez
NOEL PEREZ

Sworn to before me this
3rd. day of July, 1975.

Liliana Mazier Osuna
LILIANA MAZIER OSUNA
Notary Public, State of New York
No. 24-8242/17
Certified in Kings County
Commission Expires March 30, 1976

INCARNATION RECTORY
1290 ST. NICHOLAS AVENUE
NEW YORK, NEW YORK 10033

May 9, 1975

TO WHOM IT MAY CONCERN

We attest that GRACIELA LOPEZ
of 111 Wadsworth Avenue, New York, New
York 10033 lives in our parish.

She has been coming faithfully
to our church for these past four years.

Sincerely,

Rev. Walter A. Birkle
Associate Pastor

(Seal)

LOPER,
 X Gracielo Lopez Alvarado

NYINSHYOD A
USINS
NY NY

APR 25 1975

CLERK
RODRIGUEZ NS



Form

1040

US

Department of the Treasury / Internal Revenue Service
Individual Income Tax Return

1972

For the year January 1–December 31, 1972, or other taxable year beginning _____, 1972, ending _____, 19

First name and initial (If joint return, use first names and middle initials of both)	Last name	Your social security number (Husband's, if joint return)
GRACIELA	LOPER	079-46-4605
Present home address (Number and street, including apartment number, or rural route)		Wife's number, if joint return
111 WADSWORTH AVE, APT 15G		
City, town or post office, State and ZIP code		Occupation
NEW YORK CITY, N.Y.		Yours
		Wife's

Filing Status—check only one:

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separately. If wife (husband) is also filing give her (his) social security number and first name here.
- 4 ☐ Unmarried Head of Household
- 5 ☐ Widow(er) with dependent child (Enter year of death of husband (wife) \blacktriangleright 19)

Exemptions

- | | Regular | 65 or over | Blind | Enter number of boxes checked |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------|
| 6 Yourself | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| 7 Wife (husband) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 First names of your dependent children who lived with you | | | | |
| 9 Number of other dependents (from line 32) | | | | 7 |
| 10 Total exemptions claimed | | | | 7 |

Income	11	12c	13	14	15	16	17
11 Wages, salaries, tips, and other employee compensation. (Attach Form W-2 to front. If unavailable, attach explanation)	1839						
12a Dividends (see pages 6 and 13 of instr.) \$							
12b Less exclusion \$							
Balance \blacktriangleright							
13 Interest income. [If \$200 or less, enter total without listing in Schedule B. If over \$200, enter total and list in Part II of Schedule B.]							
14 Income other than wages, dividends, and interest (from line 45)							
15 Total (add lines 11, 12c, 13 and 14)	1839						
16 Adjustments to income (such as "sick pay," moving expenses, etc. from line 50)							
17 Subtract line 16 from line 15 (adjusted gross income)	1839						

Caution: If you have unearned income and you could be claimed as a dependent on your parent's return, see boxed instruction on page 7, under the heading "Tax-Credits-Payments." Check this block ☐.

If you do not itemize deductions and line 17 is under \$10,000, find tax in Tables and enter on line 18.

If you itemize deductions or line 17 is \$10,000 or more, go to line 51 to figure tax.

Tax, Payments and Credits	18	19	20	21	22	23	24	25	26	27
18 Tax, check if from: <input checked="" type="checkbox"/> Tax Tables 1–12, <input type="checkbox"/> Schedule D <input type="checkbox"/> Tax Rate Schedule X, Y, or Z <input type="checkbox"/> Schedule G or <input type="checkbox"/> Form 4726										
19 Total credits (from line 61)										
20 Income tax (subtract line 19 from line 18)										
21 Other taxes (from line 67)										
22 Total (add lines 20 and 21)										
23 Total Federal income tax withheld (attach Forms W-2 or W-2P to front)						64				
24 1972 Estimated tax payments (include amount allowed as credit from 1971 return)										
25 Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return										
26 Other payments (from line 71)										
27 Total (add lines 23, 24, 25, and 26)						64				
28 If line 22 is larger than line 27, enter BALANCE DUE IRS										
29 If line 27 is larger than line 22, enter amount OVERPAID										
30 Line 29 to be REFUNDED TO YOU										
31 Line 29 to be credited on 1973 estimated tax										

Did you, at any time during the taxable year, have any interest in or signature or other authority over a bank, securities, or other financial account in a foreign country (except in a U.S. military banking facility operated by a U.S. financial institution)? ☐ Yes ☒ No

If "Yes," attach Form 4683. (For definitions, see Form 4683.)

Note: Be sure to complete Revenue Sharing (lines 33 and 34) on next page.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Sign here

Your signature

Date

Preparer's signature (other than taxpayer)

Date

Wife's (husband's) signature (if filing jointly, BOTH must sign even if only one had income)

Address (and ZIP Code)

Preparer's Emp. Ident. or Soc. Sec. No.

For the year January 1–December 31, 1973, or other taxable year beginning, 1973, ending, 19

Please print or type	Name (If joint return, give first names and initials of both) GRACIELA	Last name LOPEZ	COUNTY OF RESIDENCE	Your social security number 079 46 4405
	Present home address (Number and street, including apartment number, or rural route) 111 WADSWORTH AVE APT 15G		Spouse's social security no.	
	City, town or post office, State and ZIP code NEW YORK CITY, NY.		Occupation Yours <input type="checkbox"/> Spouse's <input type="checkbox"/>	

Filing Status—check only one:

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ☐
- 4 ☐ Unmarried Head of Household
- 5 ☐ Widow(er) with dependent child (Year spouse died ☐ 19)

Exemptions

Regular / 65 or over / Blind

- 6a Yourself . . . ☒ ☐ ☐ Enter number of boxes checked **1**
- b Spouse . . . ☐ ☐ ☐
- c First names of your dependent children who lived with you ☐ Enter number ☐
- d Number of other dependents (from line 27) . . . ☐
- 7 Total exemptions claimed . . . ☐

8 Presidential Election Campaign Fund.—Check ☐ if you wish to designate \$1 of your taxes for this fund. If joint return, check ☐ if spouse wishes to designate \$1. Note: This will not increase your tax or reduce your refund. See note below.

Income	9 Wages, salaries, tips, and other employee compensation. (Attach Forms W-2. If unavailable, attach explanation)	9	5320
	10a Dividends (See instructions on page 6.) \$	10b Less exclusion \$	Balance <input type="checkbox"/>
	10d (Gross amount received, if different from line 10a . . . \$)		
	11 Interest income	11	
	12 Income other than wages, dividends, and interest (from line 38)	12	
	13 Total (add lines 9, 10c, 11, and 12)	13	5320
	14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43)	14	
	15 Subtract line 14 from line 13 (adjusted gross income)	15	5320

- If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 15.
- If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax.
- CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see instructions on page 7.

Tax, Payments and Credits	16 Tax, check if from: <input checked="" type="checkbox"/> Tax Tables 1-12 <input type="checkbox"/> Tax Rate Schedule X, Y, or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G <input type="checkbox"/> Form 4726 OR <input type="checkbox"/> Form 4972	16	552
	17 Total credits (from line 54)	17	
	18 Income tax (subtract line 17 from line 16)	18	
	19 Other taxes (from line 61)	19	
	20 Total (add lines 18 and 19)	20	552
	21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front)	21a	300
	b 1973 estimated tax payments (include amount allowed as credit from 1972 return)	b	
	c Amount paid with Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return	c	
d Other payments (from line 65)	d		
22 Total (add lines 21a, b, c, and d)	22	300	

Balance Due or Refund	23 If line 20 is larger than line 22, enter BALANCE DUE IRS Pay in full with return. Make check or money order payable to Internal Revenue Service <input type="checkbox"/> (Check here <input type="checkbox"/> if Form 2210, Form 2210F, or statement is attached. See instructions on page 8.)	23	252
	24 If line 22 is larger than line 20, enter amount OVERPAID	24	
	25 Amount of line 24 to be REFUNDED TO YOU	25	
	26 Amount of line 24 to be credited on 1974 estimated tax	26	

Note: 1972 Presidential Election Campaign Fund Designation.—Check ☐ if you did not designate \$1 of your taxes on your 1972 return, but now wish to do so. If joint return, check ☐ if spouse did not designate on 1972 return but now wishes to do so.

Sign here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.

Your signature _____ Date _____

Preparer's signature (other than taxpayer) _____ Date _____

Spouse's signature (if filing jointly, BOTH must sign even if only one had income) _____

Address (and ZIP Code) _____ Preparer's Emp. Ident. or Soc. Sec. No. _____

Please attach Copy B of Forms W-2 here

Write soc. sec. no. on Check or Money Order. Attach here

Form 1040

US Department of the Treasury—Internal Revenue Service
Individual Income Tax Return

1974

For the year January 1–December 31, 1974, or other taxable year beginning

1974, ending 19

Please print or type	Name (If joint return, give first names and initials of both) GRACIELA	Last name LOPEZ	COUNTY OF RESIDENCE	Your social security number 079-46-4405
	Present home address (Number and street, including apartment number, or rural route) 111 WADSWORTH AVE			Spouse's social security no.
	City, town or post office, State and ZIP code NEW YORK CITY, N.Y. 10033		Occupation Yours <input checked="" type="checkbox"/> Spouse's <input type="checkbox"/>	

Filing Status (check only one)

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ☐
- 4 ☐ Unmarried Head of Household (See instructions on page 5)
- 5 ☐ Widow(er) with dependent child (Year spouse died ☐ 19 ☐

Exemptions

- Regular / 65 or over / Blind
- 6a Yourself ☒ ☐ ☐ Enter number of boxes checked ☒
- b Spouse ☐ ☐ ☐
- c First names of your dependent children who lived with you ☐
- d Number of other dependents (from line 27) ☐
- 7 Total exemptions claimed ☒

8 Presidential Election

Campaign Fund ☒Do you wish to designate \$1 of your taxes for this fund? ☒ Yes ☐ No
If joint return, does your spouse wish to designate \$1? ☒ Yes ☐ No

Note: If you check the "Yes" box(es) it will not increase your tax or reduce your refund.

Income	9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If unavailable, see instructions on page 3.)	9	5733
	10a Dividends (See instructions on pages 6 and 13) \$	10c	
	10b Less exclusion \$		
	Balance <input type="checkbox"/>		
	11 Interest income. [If \$400 or less, enter total without listing in Schedule B. If over \$400, enter total and list in Part II of Schedule B.]	11	
	12 Income other than wages, dividends, and interest (from line 38)	12	
13 Total (add lines 9, 10c, 11, and 12)	13	5733	
14 Adjustments to income (such as "sick pay," moving expenses, etc. from line 43)	14		
15 Subtract line 14 from line 13 (adjusted gross income)	15	5733	

If you do not itemize deductions and line 15 is under \$10,000, find tax in Tables and enter on line 16.

If you itemize deductions or line 15 is \$10,000 or more, go to line 44 to figure tax.

CAUTION. If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see instructions on page 7.

Tax, Payments and Credits	16 Tax, check if from: <input checked="" type="checkbox"/> Tax Tables 1-12 <input type="checkbox"/> Tax Rate Schedule X, Y, or Z <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule G OR <input type="checkbox"/> Form 4726	16	6.28
	17 Total credits (from line 54)	17	
	18 Income tax (subtract line 17 from line 16)	18	
	19 Other taxes (from line 61)	19	
	20 Total (add lines 18 and 19)	20	6.28
	21a Total Federal income tax withheld (attach Forms W-2 or W-2P to front)	21a	4.04
b 1974 estimated tax payments (include amount allowed as credit from 1973 return)	b		
c Amount paid with Form 4862, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return	c		
d Other payments (from line 65)	d		
22 Total (add lines 21a, b, c, and d)	22	4.04	

Pay amount on line 23 in full with this return. Write social security number on check or money order and make payable to Internal Revenue Service.

Balance Due or Refund	23 If line 20 is larger than line 22, enter BALANCE DUE IRS	23	2.24
	(Check here <input type="checkbox"/> if Form 2210, Form 2210F, or statement is attached. See instructions on page 7.)		
	24 If line 22 is larger than line 20, enter amount OVERPAID	24	
	25 Amount of line 24 to be REFUNDED TO YOU	25	
26 Amount of line 24 to be credited on 1975 estimated tax.	26		

If all of overpayment (line 24) is to be refunded (line 25), make no entry on line 26.

Sign here

Your signature

Date

Preparer's signature (other than taxpayer)

Date

Spouse's signature (if filing jointly, BOTH must sign even if only one had income)

Address (and ZIP Code)

Preparer's Emp. Ident. or Soc. Sec. No.

MARVIN L. SHELTON, M. D., F. C.

COLUMBIA PRESBYTERIAN MEDICAL CENTER

DANA W. ATCHLEY PAVILION

161 FORT WASHINGTON AVENUE

NEW YORK, N. Y. 10032

TEL (212) 368-2200
(212) 579-5547

April 25, 1975

To Whom it May Concern:

Re: Grace Lopez

The above named patient is under my care
for a fractured pelvis and a sprained S I
joint.

She is confined to the house and will not
be able to return to work until July 1, 1975.

Marvin L. Shelton

Marvin L. Shelton, M. D.

MS:sc

A 20-592-358

Chart No. _____

HOSPITAL _____

PROGRESS RECORD

Name _____

Admitted _____

19 _____

Ward _____

Observations and Opinions of Visitings, Consultants and House Staff.

A Final Discharge Note Must Be Entered on This Sheet Sign and Date Every Entry.

Disposition Note

Miss Lopez is a 31 year old Spanish female who was struck by an automobile on 2/10/75 and brought to Bellevue Hospital. X-ray studies confirmed presence of 2 fractures in her left pelvis - Pelvic Ramus (L) and Ischial Ramus (L).

Therapy for this is slow ambulation as tolerated by patient - she will not be able to travel to court this week due to her fractures - 2 weeks more or a better time.

Martin S. Tindel MD

JAG-Training Service

Bellevue Hospital

Continue Notes on Other Side

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

File No. A 20 592 358

UNITED STATES OF AMERICA:

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

In the Matter of

LOPEZ-LOPEZ, GRACIELA aka ACEVEDO;
GRACIELA

Respondent.

In Deportation Proceedings Under Section 242
of the Immigration and Nationality Act

DECISION OF THE
IMMIGRATION JUDGE

Upon the basis of respondent's admissions I have determined that he is deportable on the charge(s) in the Order to Show Cause.

Respondent has made application solely for voluntary departure in lieu of deportation.

ORDER: It is ordered that in lieu of an order of deportation respondent be granted voluntary departure without expense to the Government on or before July 24 1975
(Date)

or any extension beyond such date as may be granted by the district director, and under such conditions as the district director shall direct.

IT IS FURTHER ORDERED that if respondent fails to depart when and as required, the privilege of voluntary departure shall be withdrawn without further notice or proceedings and the following order shall thereupon become immediately effective: respondent shall be deported from the United States to EL SALVADOR on the charge(s) contained in the Order to Show Cause.

IT IS FURTHER ORDERED that if the aforementioned country advises the Attorney General that it is unwilling to accept the respondent into its territory or fails to advise the Attorney General within three months following original inquiry whether it will or will not accept respondent into its territory, the respondent shall be deported to _____.

Copy of this decision has been served on respondent.

Appeal: Waived-reserved

Date: 4/25/75

Place: NY

(Immigration Judge)

FINAL ORDER

SEP 25 1975

INLV. 5-1-73, H

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

ORDER TO SHOW CAUSE and NOTICE OF HEARING

In Deportation Proceedings under Section 242 of the Immigration and Nationality Act

UNITED STATES OF AMERICA:

File No. A20-592 358

In the Matter of LOPEZ-LOPEZ, Graciela aka ACEVEDO, Graciela Respondent.

111 Wadsworth Avenue, Apt. 15G, New York, N.Y.

Address (number, street, city, state, and ZIP code)

UPON inquiry conducted by the Immigration and Naturalization Service, it is alleged that:

1. You are not a citizen or national of the United States;
2. You are a native of El Salvador
and a citizen of El Salvador;
3. You entered the United States at Cleveland, Ohio on
or about 9/2/68;
(date);
4. At that time you were admitted as a nonimmigrant visitor for pleasure. 9/14/69
5. You have been authorized to remain in the United States until _____.
6. You remained in the United States thereafter without authority.

AND on the basis of the foregoing allegations, it is charged that you are subject to deportation pursuant to the following provision(s) of law:

Section 241(a)(2) of the Immigration and Nationality Act, in that, after admission as a nonimmigrant under Sec. 101(a)(15) of said act you have remained in the United States for a longer time than permitted.

WHEREFORE, YOU ARE ORDERED to appear for hearing before an Immigration Judge of the Immigration and Naturalization Service of the United States Department of Justice at 20 W. Broadway, New York, N.Y., 14th Floor on February 20, 1975(S) at 8:45 a.m. and show cause why you should not be deported from the United States on the charge(s) set forth above.

Dated: February 6, 1975

Rto 8/14/75 Mark

Henry B. Rogers

Asst. (signature and title of issuing officer)
SPECIAL DIRECTOR
FOR INVESTIGATIONS, N.Y., N.Y.
(City and State)

APPEAR WITH PASSPORT AND
IMMIGRATION DOCUMENTS

Thomas J. Cahill (R2)

2 COPIES RECEIVED

February 5, 1976

UNITED STATES ATTORNEY